



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

MEMORIAL HERMANN HOSPITAL SYSTEM
3200 SW FRWY STE 2200
HOUSTON TX 77027

Respondent Name

MATAGORDA COUNTY

Carrier's Austin Representative Box

Box Number 29

MFDR Tracking Number

M4-10-3879-01

MFDR Date Received

MAY 3, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "On May 28, 2009, the hospital billed BlueCross. On August 6, 2009, BlueCross denied payment because this admit was work-related. Also, the patient confirmed to the hospital this admit was work-related. On August 6, 2009, the hospital contacted the patient's employer, Matagorda County, and was told the person handling the workers' compensation claims was out of the office until August 17, 2009, the hospital contacted Andrea with Matagorda County who stated TriStar Risk Management was the workers' compensation carrier. On August 18, 2009, the hospital mailed its bill to TriStar Risk Management. Subsequently, TriStar Risk Management denied payment because the hospital did not file its claim within 95-days from date of service. In this particular case, BlueCross notified the hospital on July 27, 2009 of the denial of the bill because the treatment as work-related. On August 18, 2009, the hospital submitted its bill to TriStar who denied on or about September 2, 2009."

Amount in Dispute: \$50,232.06

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The medical bill made the basis of this Medical Fee Dispute was correctly denied by the Carrier. The Requestor failed to timely file their bill for medical services with the Carrier. A copy of the EOB for the Request for Reconsideration is attached. The Nurse Case Manager for the Carrier was present at the hospital on May 7, 2009. At that time she met with the injured worker, [injured worker], the nursing staff and the CM department. The Nurse Case Manager advised all parties that this was a claim for Workers' Compensation benefits. The Requestor filed their claim with the Health Insurance Carrier despite being advised that this was a claim for Workers' Compensation benefits. Carrier will maintain their denial"

Response Submitted by: Pappas & Suchma, PC, PO Box 66685, Austin, TX 78766

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 3, 2009 through May 10, 2009	Inpatient Hospital Services	\$50,232.06	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – The time limit for filing has expired.
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. What is the timely filing requirement applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) states "(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." Labor Code §408.0272(b), (c) or (d) describe exceptions to the 95-day filing requirement which are based upon erroneous billing to private health plans, health maintenance organizations, or workers' compensation carriers other than the correct workers' compensation carrier. At issue is whether the requestor MEMORIAL HERMANN HOSPITAL SYSTEM provided information and documentation to sufficient support that it meets an exception to the 95-day filing requirement.

The requestor alleges that it erroneously submitted the disputed services to the injured employee's private healthcare carrier BlueCross on May 28, 2009; and that it was notified of its erroneous submission on August 6, 2009. Office note dated May 28, 2009 supports that the requestor billed BlueCross, and an office note dated August 6, 2009 supports that BlueCross via transmittal or report communicated to the requestor on July 31, 2009 that the medical bill was denied due to "investigation occup accident."

The respondent alleges that the requestor billed BlueCross despite being notified by the nurse case manager for the carrier that the injury was work-related. Case management activity notes dated May 6, 2009 state "Placed call to resource center for Hermann Hospital. States the account is being billed to the patient's private insurance and not WC. Asked why I thought it was a WC case. Informed of the accident that occurred at work and that I have already been to see the patient and have met with the CM dept, nursing staff and the patient. States she will not provide me any information as it is a private insurance case. **Provided her with the adjuster information and asked her to call and verify it's a WC case** [emphasis added]. She took the information and stated someone would call me back." May 7, 2009 case management notes state "She [injured employee's sister] states someone called her today regarding billing Blue Cross/Blue Shield. She tried to explain to them that this is WC and provided them with my phone number."

Based upon the documentation found, the Division concludes that on or about May 6, 2009, the requestor MEMORIAL HERMANN HOSPITAL SYSTEM:

- had knowledge that the services in dispute were covered under Texas Workers' Compensation;
- was provided sufficient information from a carrier representative to establish the correct workers' compensation carrier to be billed; and
- does not qualify for one of the exceptions pursuant Texas Labor Code §408.0272 because it failed to follow-up on information provided to it directly from the carrier.

For the reasons stated, the requestor was required to file the medical bill not later than the 95th day after the dates of services in dispute.

2. Texas Labor Code §408.027 states "(a) A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

Documentation found supports that the dates of service are dispute are May 3, 2009 through May 10, 2009. An office note provided by the requestor supports that MEMORIAL HERMANN HOSPITAL SYSTEM billed the respondent on or about August 17, 2009. All dates of service in dispute exceed 95 days. Based upon Texas Labor Code §408.027(a), the Division concludes that MEMORIAL HERMANN HOSPITAL SYSTEM has forfeited its right to reimbursement.

Conclusion

For the reasons stated above, the Division finds that no reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	August 16, 2013
Signature	Medical Fee Dispute Resolution Manager	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.